

**ANNEXURE B**

**FORM A**

**REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY**

(Section 18(1) of the Promotion of Access to Information Act, 2000  
(Act No. 2 of 2000))

**[Regulation 6]**

**FOR DEPARTMENTAL USE**

Reference number: \_\_\_\_\_

Request received by \_\_\_\_\_

(state rank, name and surname of information officer/deputy information officer) on  
\_\_\_\_\_ (date) at \_\_\_\_\_ (place).

Request fee (if any): R .....

Deposit (if any): R .....

Access fee: R .....

\_\_\_\_\_  
SIGNATURE OF INFORMATION  
OFFICER/DEPUTY INFORMATION  
OFFICER

**A. Particulars of public body**

The Information Officer/Deputy Information Officer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Particulars of person requesting access to the record**

- (a) *The particulars of the person who requests access to the record must be given below.*
- (b) *The address and/or fax number in the Republic to which the information is to be sent, must be given.*
- (c) *Proof of the capacity in which the request is made, if applicable, must be attached.*

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Fax number: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Capacity in which request is made, when made on behalf of another person: \_\_\_\_\_

**C. Particulars of person on whose behalf request is made**

*This section must be completed ONLY if a request for information is made on behalf of another person.*

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

**D. Particulars of record**

- (a) *Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.*
- (b) *If the provided space is inadequate, please continue on a separate folio and attach it to this form. **The requester must sign all the additional folios.***

1. Description of record or relevant part of the record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Reference number, if available: \_\_\_\_\_

3. Any further particulars of record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Fees**

- (a) *A request for access to a record, other than a record containing personal information about yourself, will be processed only after a **request fee** has been paid.*
- (b) *You will be notified of the amount required to be paid as the request fee.*
- (c) *The **fee payable for access** to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.*
- (d) *If you qualify for exemption of the payment of any fee, please state the reason for exemption.*

Reason for exemption from payment of fees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Form of access to record**

*If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.*

Disability: _____ _____ _____	Form in which record is required: _____ _____ _____
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*Mark the appropriate box with an X.*

**NOTES:**

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.*
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.*
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.*

**1. If the record is in written or printed form:**

<input type="checkbox"/> copy of record*	<input type="checkbox"/> inspection of record
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**2. If record consists of visual images -**

*(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):*

<input type="checkbox"/> view the images	<input type="checkbox"/> copy of the images*	<input type="checkbox"/> transcription of the images*
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**3. If record consists of recorded words or information which can be reproduced in sound:**

<input type="checkbox"/> listen to the soundtrack (audio cassette)	<input type="checkbox"/> transcription of soundtrack* (written or printed document)
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**4. If record is held on computer or in an electronic or machine-readable form:**

<input type="checkbox"/> printed copy of record*	<input type="checkbox"/> printed copy of information derived from the record*	<input type="checkbox"/> copy in computer readable form* (stiffy or compact disc)
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<p>*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?</p> <p><b>Postage is payable.</b></p>	<p>YES</p>	<p>NO</p>
<p><i>Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.</i></p>		
<p>In which language would you prefer the record? _____</p>		

**G. Notice of decision regarding request for access**

*You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.*

How would you prefer to be informed of the decision regarding your request for access to the record? \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE